

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Michael L. Williamson</u>		COURT CASE NUMBER
Defendant <u>Rachael Wheeler</u>		TYPE OF PROCESS <u>Summon and Complaint</u> <u>Order of Possession</u>
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Rachael Wheeler</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Richland Correctional Institution, 1001 Olivesburg Rd. Mansfield, Ohio 44905</u>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<u>Michael L. Williamson A423-451</u> <u>Richland Correctional Institution</u> <u>1001 Olivesburg Rd.</u> <u>Mansfield, Ohio 44905</u>		Number of parties to be served in this case	1
		Check for service on U.S.A.	XXX

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Rachael Wheeler is a licensed nurse practitioner who is employed by the ODRC at Richland Correctional Institution, 1001 Olivesburg Road, Mansfield, Ohio 44905. Phone number is unknown.

Attempt service between 7: a.m. and 4: p.m. Monday through Friday.

Signature of Attorney other Originator requesting service on behalf of: <u>Michael L. Williamson</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>N / A</u>	DATE <u>8-2-2022</u>
---	---	----------------------------------	-------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
-------------	---	----------------	---------------	------------------	--

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Michael L. Williamson	COURT CASE NUMBER
DEFENDANT Annette Chambers-Smith	TYPE OF PROCESS Summons and Complaint Order of Possession

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Annette Chambers-Smith
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
4545 Fisher Rd., Suite D Columbus, Ohio 43228

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Michael L. Williamson A423-451
Richland Correctional Institution
1001 Olivesburg Rd.
Mansfield, Ohio 44905

Number of process to be served with this Form 285	1
Number of parties to be served in this case	1
Check for service on U.S.A.	XXX

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Annette Chambers-Smith is the Director of all Ohio prisons and is responsible for all State employees. Her office is located at 4545 Fisher Road, Columbus, Ohio 43228. Phone number is unknown.

Fold

Attempt service between 7: a.m. and 4: p.m. Monday through Friday.

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
N / A

DATE

8-2-2022

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date	Time
	<input type="checkbox"/> am <input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED